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CONFIRMATION NO. 6810

<b>SERIAL NUMBER</b> 10/600,805	<b>FILING OR 371(c) DATE</b> 06/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 013012-000220US	
<b>APPLICANTS</b> David P.L. Sachs, Palo Alto, CA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/422,381 04/13/1995 PAT 6,602,892 which is a CIP of 08/074,764 06/10/1993 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/24/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>S. W.</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20350					
<b>TITLE</b> Methods for nicotine replacement dosage determination					
<b>FILING FEE RECEIVED</b> 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		